

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (<i>Case Name</i>)		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	
10. REPRESENTATION TYPE (<i>See Instructions</i>)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (<i>Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses</i>) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS _____ <div style="text-align: right;">Telephone Number: _____</div>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>)			14. TYPE OF SERVICE PROVIDER		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator		
			02 <input type="checkbox"/> Interpreter/Translator		
			03 <input type="checkbox"/> Psychologist		
			04 <input type="checkbox"/> Psychiatrist		
			05 <input type="checkbox"/> Polygraph		
			06 <input type="checkbox"/> Documents Examiner		
			07 <input type="checkbox"/> Fingerprint Analyst		
			08 <input type="checkbox"/> Accountant		
			09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)		
			10 <input type="checkbox"/> Chemist/Toxicologist		
			11 <input type="checkbox"/> Ballistics		
			13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		
			14 <input type="checkbox"/> Pathologist/Medical Examiner		
			15 <input type="checkbox"/> Other Medical		
16 <input type="checkbox"/> Voice/Audio Analyst					
17 <input type="checkbox"/> Hair/Fiber Expert					
18 <input type="checkbox"/> Computer (Hardware/Software/Systems)					
19 <input type="checkbox"/> Paralegal Services					
20 <input type="checkbox"/> Legal Analyst/Consultant					
21 <input type="checkbox"/> Jury Consultant					
22 <input type="checkbox"/> Mitigation Specialist					
23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>)					
24 <input type="checkbox"/> Other (<i>Specify</i>) _____					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
16. SERVICES AND EXPENSES (<i>Attach itemization of services with dates</i>)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
c. Other Expenses					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
17. PAYEE'S NAME AND MAILING ADDRESS _____					
TIN: _____					
Telephone Number: _____					
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____					
CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment					
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services.					
Signature of Claimant/Payee _____ Date _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.					
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED	
2 <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (<i>excluding expenses</i>) exceeds \$500. _____ <div style="display: flex; justify-content: space-between;"> Signature of Presiding Judge Date Judge Code </div>					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)					
Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					